				18-1	6-04 Express	Mail L	abel No.	EV 465 006 3	12 <b>T</b> :
			PART B	- FEE(S) TR	ANSMITTAL				
a distribution of the second	DEC 1 5 2004 H	ete and send this form, together with applicable fee(s), to: Mail			Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000				Te us
!	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)			, speeding a lace	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				_ 16
12/1	LAHIVE & COC 28 STATE STREE BOSTON, MA 02 17/2004 EAREGAY2 000	CKFIELD, LLP. ET 109	R73		XXX	MXXXXX	XXXXXXX		
			w • •					(Depositor's name	
	FC:1501 1400.0 FC:8001 30.0							(Signature	4
_						· · · · · · · · · · · · · · · · · · ·		(Data	)
L	APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.	]
Ĺ	APPLN. TYPE	SMALL ENTITY	ISSUE FI	SE I	PUBLICATION FEE	TOTALF	EE(S) DUE	DATE DUE	ן
	nonprovisional	YES	<b>=\$665</b>	\$1400	\$0	-2	565— \$1400	12/14/2004	J
ַ		AINER RODNEY P	ART UN	T	CLASS-SUBCLASS 435-183000	]	,====		
ī	Change of correspondence address or indication of "Fee AdDFR 1.363).     Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.		ee Address* (37	2 For minting			· · · · · · · · · · · · · · · · · · ·		<b>-</b> ·
•	Change of correspond Address form PTO/SB/I	dence address (or Change of 22) attached.	Correspondence	(1) the names or agents OR, a	on the patent front page, li of up to 3 registered pater alternatively, f a single firm (having as	nt attorneys	·	F. Smith, Esq eth A. Hanley	-
	Change of correspond Address form PTO/SB/I	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	(1) the names of agents OR, a (2) the name of registered attor 2 registered par		nt attorneys	Elizab		. Esc
3	Change of correspond Address form PTO/SB/1  "Fee Address" indicated PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Us  D RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON T	(1) the names or agents OR, a (2) the name of registered attor 2 registered pat listed, no name HE PATENT (pri	of up to 3 registered pater liternatively,  f a single firm (having as a ney or agent) and the name tent attorneys or agents. If will be printed.	a member a es of up to no name is	Elizab Lahive	eth A. Hanley & Cockfield,	LLP
3	Change of corresponded research address form PTO/SB/1  "Fee Address" indication of the PTO/SB/47; Rev 03-02 Number is required.  A ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Universit	tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion IEE	Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee of this form is NOT  (B arch Found	(1) the names of agents OR, a (2) the name of registered attor 2 registered pat listed, no name  HE PATENT (prilata will appear of a substitute for file.)  RESIDENCE: ((1)	of up to 3 registered pater liternatively,  f a single firm (having as a ney or agent) and the name itent attorneys or agents. If will be printed.  Int or type)  on the patent. If an assign lling an assignment.  CITY and STATE OR CO I OWA City,	nt attorneys nember a les of up to no name is lee is identifie UNTRY) I owa	Elizab  Lahive  d below, the de	eth A. Hanley & Cockfield,	LLP
	Change of correspond Address form PTO/SB/1  "Fee Address" indication of the PTO/SB/47; Rev 03-02 Number is required.  A ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Universit Universit	tion (or "Fee Address" Indictor more recent) attached. Us  O RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee of this form is NOT  (B arch Found	(1) the names of agents OR, a (2) the name of registered attor 2 registered pat listed, no name HE PATENT (pri data will appear of a substitute for file) RESIDENCE: (Cation	of up to 3 registered pater liternatively,  f a single firm (having as a ney or agent) and the name itent attorneys or agents. If will be printed.  Int or type)  on the patent. If an assign lling an assignment.  CITY and STATE OR CO I OWA City,  Rochester,	a member a les of up to no name is lee is identified UNTRY) LOWA	Elizab  Lahive  d below, the de	eth A. Hanley & Cockfield,	LLP
·	Change of correspond Address form PTO/SB/1  "Fee Address" indication of the PTO/SB/47; Rev 03-02 Number is required.  A ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Universit Universit	tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion IEE  Ty of Iowa Reserve of Rochester  11ege 2 assignee category or category	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee of this form is NOT  (B arch Found ries (will not be pri	(1) the names of agents OR, a (2) the name of registered attor 2 registered pat listed, no name  HE PATENT (pridata will appear of a substitute for fine of the control of the patent of the patent of the patent of the payment of Fee(s)	of up to 3 registered pater alternatively,  f a single firm (having as a ney or agent) and the name tent attorneys or agents. If will be printed.  Into the patent. If an assignment.  CITY and STATE OR COLONIA City,  Rochester,  Ithaca, New  in Individual	a member a les of up to no name is  lee is identified  UNTRY) I owa  New York  York  Orporation or o	Elizab  Lahive  d below, the de	eth A. Hanley & Cockfield,	LLP

- Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0080 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

X 1.27(g)(2). Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

**Authorized Signature** 

December 14, 2004 Date

Typed or printed name

DeAnn F. Smith, Esq.

36,683 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur	nber	09/541873-Conf. #4136	
FEE TRANSMITTAL			Filing Date	•	April 3, 2000	
	First Named In	ventor	James P. PEARSON			
<u>Fo</u>	Examiner Name	;	Swartz, Rodney P.			
Applicant claims sn	nall entity status.	See 37 CFR 1.27	Art Unit		1645	-
TOTAL AMOUNT OF PA	AYMENT	(\$) 1430.00	Attorney Docket	No.	UIZ-003DVCN	CPA
METHOD OF PAYME	NT (check all t	hat apply)				
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP						
For the above-ide	entified deposit	account, the Director i	s hereby authorize	ed to: (ch	eck all that apply)	
x Charge fee	(s) indicated be	low	Charg	e fee(s) ir	ndicated below, ex	xcept for the filing fee
X Charge any fee(s) unde	additional fee(	s) or any underpayme and 1.17	nt of x Credit	any oven	payments	
FEE CALCULATION						
1. BASIC FILING, SEAR						
	FILIN		ARCH FEES	EXAMI	NATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150 500	250	200	100	
Design	200	100 100	50	130	65	
Plant	200	100 300	150	160	80	
Reissue	300	150 500	250	600	300	
Provisional	200	100 0	0	0	0	
2. EXCESS CLAIM FEES	6					Small Entity
Fee Description	<b>-</b> .					Fee (\$) Fee (\$)
Each claim over 20 or, for						50 25
Each independent claim Multiple dependent clain		eissues, each indepen	dent ciaini more	31811 111 1110	e original patent	200 100 360 180
Total Claims Ext	ra Claims_	Fee (\$) Fee	Paid (\$)	V	Aultiple Depende	nt Claims
- 20 =	x	=		E	ee (\$) <u>F</u>	ee Paid (\$)
		Fee (\$) Fee	Paid (\$)			
-3=		=	<del></del>			
3. APPLICATION SIZE F If the specification and		d 100 sheets of naper	the application s	ize fee di	ie is \$250 (\$125 t	for small entity)
		ction thereof. See 35				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 =		/50	(round up to a who	ole number	) × =	·
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other: 1501 Utility issue fee 1400.00 8001 Printed copy of patent w/o color 30.00						
SUBMITTED BY Signature	1	Λ .	Registration No.	36,683	Telephone	(617) 227-7400
	1196	m	(Attomey/Agent)	30,003	<del>-  </del>	····
Name (Print/Type) DeAnn	F. Smith, Esc	<b>.</b>			Date [	December 14, 2004
I hereby certify that this c	orrespondence is	being deposited with the	ne U.S. Postal Sen	ice as Exp	press Mail, Airbill N	o. EV 465 006 312

I hereby certify that this correspondence US, in an envelope addressed to: MS Is	e is being deposited with the U.S. Postal Service as ssue Fee, Commissioner for Patents, P.O. Box 145	s Express Mail, Airbill No. EV 465 006 312 50, Alexandria, VA 22313-1450, on the date
Dated: December 14, 2004	Signature: ULA	(DeAnn F. Smith, Esq.)